

WAIVER AND RELEASE

I, _____, acknowledge that I have been advised that an employment related investigative report may be made in connection with my application for employment with Loving Kindness Healthcare Systems, LLC and/or in connection with any periods of employment, should I be considered for employment by Loving Kindness Healthcare Systems. Such employment related investigative report might contain information as to my character, work habits (including reasons for termination from past employment), general reputation, personal characteristics and mode of living. This information may be obtained through personal interviews with neighbors, friends, associates, or others with whom I am acquainted or who may have knowledge concerning such information. I authorize Loving Kindness Healthcare Systems, LLC to make whatever inquiries it deems necessary in connection with my application for employment or in the course of review of any employment. I authorize all persons, schools, companies, corporations, credit bureaus, department of motor vehicles, and law enforcement agencies to supply information concerning my background to Loving Kindness Healthcare Systems. I release Loving Kindness Healthcare Systems, and all persons who provide information to Loving Kindness Healthcare Systems, LLC concerning me, from all liability or any damages on account of inquiry into and the furnishing of said information. (Year of birth may be required to access some criminal records information. It may be necessary for Loving Kindness Healthcare Systems, LLC to contact an applicant and obtain the actual year of birth. The year of birth will only be used for this purpose and will not be divulged to Loving Kindness Healthcare Systems.

A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person. I understand that I have the right to request that Loving Kindness Healthcare Systems, LLC completely and accurately disclose to me the nature and scope of any investigation requested and that such a request must be made in writing to Loving Kindness Healthcare Systems. As per the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer-reporting agency. If so, the name and address of the agency that reported this information shall be made available to me within a reasonable period of time.

Signature

Date

Please print the following information clearly:

Last Name

First Name

MI

Current Address

City, State Zip Code

Years

Previous Address

City, State Zip Code

Years

Month and Day of Birth

Social Security Number

Professional License/
Certification/Registration

Type: _____

Number: _____

State: _____

If applying for a driving position, please list Drivers license number & State: _____

May we contact your present employer? Yes _____ No _____

Please list any other first or last name(s) you may be known by:
